

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1				101			51							
2				102			52							
3				103			53							
4				104			54							
5				105			55							
6				106			56							
7				107			57							
8				108			58							
9				109			59							
10				110			60							
11				111			61							
12				112			62							
13				113			63							
14				114			64							
15				115			65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72	1						
23							73							
24							74							
25							75							
26							76							
27							77							
28	1						78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89	1						
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.	5						
TOTAL DEP.							TOTAL DEP.	110						
TOTAL CLAIMS							TOTAL CLAIMS	115						